APPLICATION FOR TRANSPORTER PLATES

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES License and Registration 600 New London Avenue ,Cranston, RI 02920-3024 www.dmv.ri.gov

COMPANY NAME: STREET: CITY/STATE/ZIP: TELEPHONE:				_ _ _
OWNERSHIP:	☐ Individual	☐ Partnership	☐ Corporation	
NAMES/ADDRESSE	S OF OFFICERS OF	FIRM:		
TYPE OF BUSINESS	: (give brief description	on)		
operate or move any veh	icle of a type otherwise upon displaying on the	required to be registered un	ovides for transporter plates. Indeer this chapter upon the high It is a provided in	hway solely for the
vehicles required to be r point of destination or f	egistered under chapter for the purpose of weigh	3 of this title from a manufacture, testing, transporting,	person engaged in the busi facturing, assembling, and dis or delivering that vehicle, or ments to it, or for repossession	stributing plant to a for the purpose of
dollars (\$30.00) if the tr	ansporter operates not number	nore than three (3) motor ve	mber plates and a transporte chicles, trailers, or semi-traile icle, trailer, or semi-trailer in	ers at any one time,
			ration under the provisions of ll furnish proof of financial re	
Signature:			Date:	

~ <u>SEE REVERSE SIDE FOR INSTRUCTIONS FOR APPLICATION FOR TRANSPORTER PLATES</u> ~

REV: 08/10

For Official Use Only	
Investigator Assigned:	Date:
# of Plates Approved:	Reviewed/Approved by:

INSTRUCTIONS FOR APPLICATION FOR TRANSPORTER PLATES

The following must be provided with this application:

- 1. Photo of building showing business sign, name, address and phone number
- 2. Lease agreement issued to business or copy of deed if property is owned by business
- 3. Copy of city or town license or a letter from zoning approval for business to operate in this location
- 4. Three written references from businesses you do business with on their letter head, signed by owner or manager
- 5. Copy of Sales Tax Certificate

Upon approval of plate you must do the following:

1. Contact your insurance agency to obtain insurance coverage for the plate you requested. Insurance form GU 1338. Have your insurance company forward original copies of the insurance information to:

Division of Motor Vehicles Financial Responsibility 600 New London Avenue Cranston, RI 02920-3024

IMPORTANT

PRIOR TO REPORTING TO THE MAIN REGISTRY MAKE SURE YOUR INSURANCE INFORMATION IS ON FILE WITH FINANCIAL RESPONSIBILITY.

- 2. Contact Financial Responsibility at 401-462-5745 to verify that they have received your insurance information.
- 3. If Financial Responsibility has received your insurance information, report to the Enforcement Department at the Pawtucket Registry to complete form TR-1. This form is required in order to register your plate. You will be able to obtain your plate upon completing form TR-1.
- 4. If Financial Responsibility HAS NOT received your insurance information, please DO NOT REPORT to the Pawtucket Registry.